

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43976
Registral's No. 34

BIRTH MO. _____		REG. DIST. NO. 15-116		PRIMARY REG. DIST. NO. 3020		Registral's No. 34	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Washington b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Missouri		c. LENGTH OF STAY (in this place) None		c. CITY OR TOWN Missouri		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 511 Freemont Street				e. STREET ADDRESS (If rural, give location) 511 Freemont Street 0360			
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS		b. (Middle) _____		c. (Last) HIMMELBERG		4. DATE OF DEATH (Month) (Day) (Year) 12/23/57	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH August 31, 1879	
9. AGE (In years last birthday) 78		10. UNDER 1 YEAR Months 3 Days 22 Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Washington, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assessor				10b. KIND OF BUSINESS OR INDUSTRY City of Washington			
13a. FATHER'S NAME Herman Himmelberg		13b. MOTHER'S MAIDEN NAME Frances Holtenbrink		14. NAME OF HUSBAND OR WIFE Josephine Boehm			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-12-7158		17. INFORMANT'S SIGNATURE OR NAME Josephine Himmelberg ADDRESS Washington, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-Renal disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from July , 1950, to Dec 22 , 1957, that I last saw the deceased alive on Dec 22 , 1957, and that death occurred at 9:50 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Frank G. Mays (Degree or title) M.D.		23b. ADDRESS 911 W 4th Washington Mo		23c. DATE SIGNED 12-23-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/26/57		24c. NAME OF CEMETERY OR CREMATORY St. Francis Catholic		24d. LOCATION (City, town, or county) (State) Washington, Missouri	
DATE REC'D BY LOCAL REG. 12/24/57		REGISTRAR'S SIGNATURE J.P. Schumann		25. FUNERAL DIRECTOR'S SIGNATURE Henry W. Otto ADDRESS Washington			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

99-0

JAN 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.